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MEDICAID SERVICES MANUAL	Subject: INTRODUCTION

## 1900 INTRODUCTION

The Division of Health Care Financing [and Policy](#) (DHCFP/Nevada Medicaid) and its contractors assure the availability of emergency and non-emergency transportation services in order to provide access to covered medically necessary services by all eligible Title XIX Medicaid and Title XXI [State Children's Health Insurance Program](#) (SCHIP/[Nevada Check Up](#)) recipients. These transportation services are provided to and from [Medicaid and Nevada Check Up](#) medical providers pursuant to 42 CFR Part 431 and the respective [State of Nevada Title XIX and Title XXI State Plans](#)

The DHCFP has comprehensive risk-based contracts with [Managed Care Organizations](#) (MCOs), [which](#) are contractually required to cover all the emergency transportation needs of their enrollees [and](#) are prohibited from requiring prior or post authorization for emergency services, including emergency transportation services [that originate through "911."](#) Emergency transportation services provided for [Fee-for Service \(FFS\)](#) recipients do not require prior [or post](#) authorization and are covered under the [FFS](#) reimbursement program option. Non [Emergency Transportation](#) (NET) services are provided to all Medicaid and Nevada Check Up [recipients](#), regardless of [MCO](#) enrollment, through the contracted [Non-Emergency Transportation](#) (NET) broker and must be authorized [by the broker](#). [This chapter provides details about covered services, how to access these services, and the entities responsible for reimbursing providers and, in some instances, recipients.](#)

[All transportation providers, including the DHCFP's contracted NET broker must comply with all applicable Nevada Revised Statutes, Nevada Administrative Code, the Code of Federal Regulations, the United States Code, and the Social Security Act, which assure program and operational compliance. Additionally, pursuant to Section 105.5, Chapter 100, of the Nevada Medicaid Services Manual, transportation providers, the DHCFP's NET broker and members of the NET broker's provider network may not discriminate unlawfully against recipients on the basis of race, color, national origin, sex, religion, age, disability or handicap \(including AIDS or AIDS-related conditions\). Nondiscrimination and Civil Rights regulations extend to job applicants and employees of service providers as well.](#)

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## 1901 AUTHORITY

The rules set forth below are intended to supplement, and not duplicate, supersede, supplant or replace other requirements that are otherwise generally applicable to Medicaid managed care programs as a matter of federal statute, regulation, or policy, or that are generally applicable to the activities of Prepaid Ambulatory Health Plans (PAHP) and their providers under applicable laws and regulations. In the event that any rule set forth herein is in conflict with any applicable federal law or regulation, such federal law or regulation shall control. Such other applicable requirements include, but are not limited to:

- a. 42 CFR Part 431 for assurance of medically necessary transportation to providers;
- b. 42 CFR 434.6 of the general requirements for contracts; 42 CFR 438.6 (c) of the regulations for payments under any risk contracts; 42 CFR 447.362 for payments under any non-risk contracts; 45 CFR Part 74 for procurement of contracts and, Part 2 of the State Medicaid Manual, Centers for Medicare and Medicaid Services (CMS) Publication 45-2;
- c. 42 CFR 431.55 Waiver of other Medicaid requirements.
- d. Section 1915(b) of the Act, for the State's option to limit freedom of choice by requiring recipients to receive their benefits from one selective contractor;
- e. The requirement that certain entities be excluded from participation, as set forth in §1128 and §1902(p) of the Social Security Act and Part 2 of the State Medicaid Manual, CMS Publication 45-2;
- f. The requirement of prior CMS approval for risk based comprehensive contracts, as set forth in 42 CFR Part 438 and Part 2 of the State Medicaid Manual, CMS Publication 45-2;
- g. Confidentiality and privacy requirements as set forth in 45 CFR Parts 160 and 164;
- h. The requirement of freedom of choice for family planning services and supplies, as set forth in 42 CFR 431.51 and as defined in Section 1905 (a)(4)(C) and Part 2 of the State Medicaid Manual, CMS Publication 45-2;
- i. The respective State of Nevada Title XIX and Title XXI State Plans;
- j. Nevada Revised Statutes Chapter 422 and Chapter 706;
- k. DHCFP Non-Emergency Transportation Services Brokerage Contract

These rules are issued pursuant to the provisions of Nevada Revised Statutes (NRS) Chapter 422. The Nevada State Department of **Health and Human Services (DHHS)**, acting through the DHCFP, has been designated as the single state agency responsible for administering the Nevada Medicaid program under delegated federal authority pursuant to 42 CFR 431. Accordingly, to the extent that any other state agency rules are in conflict with these rules, the rules set forth herein shall control.

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## 1902 DEFINITIONS

### 1902.1 ACCESS

Access refers to a recipient's ability to obtain medical care. The ease of access is determined by components such as the availability of medical services and their reasonable acceptability to the recipient and provider, the location of health care facilities, availability of transportation, hours of operation and cost of care.

### 1902.2 ADVANCED LIFE SUPPORT (ALS)

Advanced Life Support (ALS) Assessment is performed by an ALS crew as part of an emergency response that was necessary due to the recipient's reported condition at the time of dispatch and was such that only an ALS crew was qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the recipient requires an ALS level of service.

### 1902.3 ADVANCED LIFE SUPPORT INTERVENTION

Advanced Life Support Intervention is a procedure that is, in accordance with State and local laws, beyond the scope of practice of an Emergency Medical Technician-Basic (EMT-Basic).

### 1902.4 ADVANCED LIFE SUPPORT LEVEL 1 (ALS-1)

Advanced Life Support Level 1 is transportation by ground or air ambulance and the provision of medically necessary supplies and services, including the provision of an ALS assessment or at least one ALS intervention, which must be performed by personnel trained to the level of an Emergency Medical Technician-Intermediate (EMT-Intermediate) or paramedic, in accordance with State and local laws.

### 1902.5 ADVANCED LIFE SUPPORT LEVEL 2 (ALS-2)

Advanced Life Support Level 2 is transportation by ground or air ambulance and the provision of medically necessary supplies and services, including: 1) at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids), or 2) the provision of at least one of the ALS-2 procedures defined by the Centers for Medicare and Medicaid Services (CMS). These procedures must be performed by personnel trained to the level of an Emergency Medical Technician-Intermediate (EMT-Intermediate) or paramedic, in accordance with State and local laws, and may include: manual defibrillation/cardioversion; endotracheal intubation; central venous lines; cardiac pacing; chest decompression; surgical airway, and intraosseous line.

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1902.6 AIR AMBULANCE

Air ambulance means an aircraft (fixed or rotary wing) specially designed, constructed, modified, or equipped to be used for the transportation of injured or sick persons. “Air Ambulance” does not include any commercial aircraft carrying passengers on regularly scheduled flights.

1902.7 AMBULANCE

Ambulance is defined as a medical vehicle that is specially designed, constructed, staffed, and equipped to provide basic, intermediate, or advanced services for one or more sick or injured person or persons whose medical condition may require special observation during transportation or transfer.

1902.8 BASIC LIFE SUPPORT (BLS)

Basic Life Support is transportation by air or ground ambulance to facilitate the provision of medically necessary supplies and services. The ambulance must be staffed by an individual qualified at least as an Emergency Medical Technician (EMT-Basic), in accordance with State and local.

1902.9 BUS

Bus is defined as public or private fixed-route, fixed-schedule, intra-city or inter-city congregate transportation.

1902.10 CAPITATION PAYMENT

A payment the DHCFP makes periodically to a contractor on behalf of each recipient enrolled under a contract for the provision of medical and/or transportation services under the State Plan. The DHCFP makes the payment without regard to individual utilization of services during the period covered by the payment.

1902.11 CONFIDENTIALITY

Confidentiality pertains to all safeguards required to protect all information which concerns Medicaid and Nevada Check Up applicants and recipients, Medicaid providers, and any other information which may not be disclosed by any party pursuant to federal and State law, and Medicaid Regulations, including but not limited to, NRS Chapter 422, 42 CFR 431, and 45 CFR 160 and 164.

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1902.12 DIVISION or DHCFP

Division of Health Care Financing and Policy.

1902.13 EMERGENCY MEDICAL CONDITION

A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.

1902.14 EMERGENCY MEDICAL TRANSPORTATION

Emergency medical transportation is ground or air ambulance, as medically necessary, to transport a recipient with an emergency medical condition. A ground or air ambulance resulting from a “911” communication is considered emergency medical transportation.

1902.15 ENROLLEE

An enrollee is either a Medicaid or [Nevada Check Up](#) recipient who is enrolled in an MCO.

[1902.16 ESCORT](#)

An escort is defined as an individual whose presence is required to assist a member during transit and while at location for Medicaid-reimbursable services. Escorts will be transported at no additional expense and are allowed for members who require ambulatory assistance (e.g., blind, mentally retarded, deaf, physically disabled, or under 21 years of age).

1902.17 GRIEVANCE

Any oral or written communications made by a recipient, or a provider acting on behalf of a recipient with the recipient’s written consent, to any of the Contractor’s employees or its providers expressing dissatisfaction with any aspect of the Contractor’s operations, activities or behavior, regardless of whether the communication requests any remedial actions.

1902.18 HEARING

A hearing is an orderly, readily available proceeding before a hearing officer, which provides for an impartial process to determine the correctness of an agency action (See Chapter 3100). Recipients and Medicaid providers are afforded an opportunity for hearing in certain circumstances and when requested in a timely manner. An agency, MCO, PIHP or PAHP

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adverse determination made against a recipient's request for service or payment as well as a determination against a provider that terminates, suspends or denies a provider application may provide opportunity for hearing.

#### 1902.19 MANAGED CARE ORGANIZATION

Managed Care is a system of health care delivery that influences utilization and cost of services and measures performance. The goal is a system that delivers value by giving people access to quality, cost-effective health care. The delivery system is generally administered by a Managed Care Organization (MCO), which may also be known as a Health Maintenance Organization (HMO). An MCO or HMO, by Nevada Medicaid standards, is an entity that must provide its Medicaid or Nevada Check Up enrollees inpatient hospital, outpatient hospital, laboratory, x-ray, family planning, physician, home health services, and additional contracted State Plan benefits The MCO provides these services for a premium or capitation fee, regardless of whether the individual enrollee receives services.

#### 1902.20 MARKETING

Any communication from the NET broker (including its employees, affiliated providers, agents or contractors) to a Medicaid or Nevada Check Up recipient that can reasonably be interpreted as intended to influence the recipient to use specific transportation services or to purchase other services that may be offered by the above listed entities

#### 1902.21 MEDICOACH, MEDIVAN, MEDICAR

These interchangeable terms refer to a motor vehicle staffed and equipped to transport one or two persons in wheelchairs or on gurneys or stretchers, door-to-door.

#### 1902.22 NON-EMERGENCY TRANSPORTATION (NET)

NET is any conveyance service that can be scheduled ahead of time which is necessary to convey an eligible program recipient to and from covered medical services. The recipient has the duty to use the least expensive alternative conveyance and the nearest appropriate Medicaid health care provider or medical facility.

Conditions exist for non-emergency medical transportation when a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect that the absence of immediate medical attention would not place the health of the individual in serious jeopardy or cause serious impairment to a bodily organ or part.

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## 1902.23 NON-EMERGENCY TRANSPORTATION (NET) BROKER

The NET broker contracts with individual transportation companies and private drivers who provide transportation for Nevada Medicaid and Nevada Check Up recipients. The NET broker manages, authorizes, and coordinates NET services for Medicaid recipients. The NET broker also provides various utilization management reports to the DHCFP for quality assurance purposes. The NET broker does not perform the transportation services.

## 1902.24 PARATRANSIT

Paratransit is defined as a shared-ride program providing transportation for eligible people with disabilities of all ages who are unable to use fixed-route, fixed-schedule conventional public transportation. Paratransit services may be designated “curb to curb,” or “door-to-door.”

## 1902.25 PAYMENT AUTHORIZATION REQUEST (PAR)

A Payment Authorization Request, also referred to as a request for Prior or Post Authorization, is a request a provider or recipient submits to the NET broker for payment of transportation to a Medicaid-reimbursable service. The NET broker may require verification that the DHCFP’s QIO-like vendor or contracted Managed Care Organization has authorized the medical service.

## 1902.26 PERSONAL CARE SERVICES

Personal care services are an optional Medicaid benefit provided to individuals who are not inpatients or residents of a hospital, nursing facility, intermediate care facility for the mentally retarded or institution for mental disease. Personal care services must be:

1. Authorized for an individual by a physician in a plan of treatment or in accordance with a service plan approved by the State;
2. Provided by an individual who is qualified to provide such services and who is not a member of the individual’s family; and,
3. Furnished in a home or other location.

These services are provided to persons, of all ages, with disabilities and chronic conditions, and may include a range of human assistance that enables them to accomplish tasks that they would normally do for themselves if they did not have a disability.

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| 1902.[27](#) PREPAID AMBULATORY HEALTH PLAN (PAHP)

An entity that:

1. Provides medical services to enrollees under contract with the State agency, and on the basis of prepaid capitation payments, or other payment arrangements that do not use State plan payment rates;
2. Does not provide or arrange for, or is not otherwise responsible for the provision of any inpatient hospital or institutional services for its enrollees; and,
3. Does not have a comprehensive risk contract.

| [1902.28](#) PRIOR AUTHORIZATION

See definition of Payment Authorization Request (PAR).

| 1902.[29](#) PRIVATE DRIVERS

Individual(s) authorized by the NET broker to provide transportation of an eligible recipient to a covered service. A private driver may be a relative, friend, neighbor or other individual willing and qualified to provide the transportation.

| 1902.[30](#) PRIVATE MILEAGE

Private car mileage is reimbursement at a per mile rate, to an individual provider, approved by the NET broker for the transport of an eligible recipient to a covered service.

| 1902.[31](#) PROVIDER DISPUTE

A request to the NET broker by any provider who provides services to Medicaid or Nevada Check Up recipients for the Contractor to review and make a decision to change or uphold a Contractor's decision regarding, but not limited to, quality of plan service, policy and procedure issues, denied claims, claim processing time, or other disputes.

| 1902.[32](#) PRUDENT LAYPERSON

A person who possesses an average knowledge of health and medicine, who could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

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1902.[33](#) REASONABLE PROMPTNESS/TIMELINESS

All [requests for NET service](#) determinations will be issued with reasonable promptness by Nevada Medicaid and its contractors. Reasonable promptness means Nevada Medicaid and its contractors will take action to approve, deny, terminate, reduce or suspend service(s) no more than fourteen (14) calendar days from the date the service request is received or within any more restrictive policies and procedures that address specific.

1902.[34](#) RISK CONTRACT

[A](#) contract under which the contractor:

1. Assumes risk for the cost of the services covered under the contract; and
2. Incurs loss if the cost of furnishing the services exceeds the payments under the contract.

1902.[35](#) SCHEDULED EMERGENCY

Scheduled emergency [consists of transportation to](#) covered medically necessary, provider directed services which are scheduled on behalf of the recipient, usually with less than 48 hours notice. [An example of a scheduled emergency is transportation for](#) a medically stable recipient on an organ transplant list [who](#) receives notification that there is an organ available from a [donor](#) and [the recipient](#) must be present at the transplant facility within the timeframe determined by the surgeon or the transplant coordinator. [\(See also Urgent Services.\)](#)

1902.[36](#) SPECIALTY CARE TRANSPORT (SCT)

Specialty Care Transport is hospital-to-hospital transportation of a critically injured or ill recipient by a ground or air ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Intermediate or paramedic. SCT is necessary when a recipient's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area (e.g., emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training). [SCTs are not covered under NET, nor do they require prior authorization. An example of SCT is the transfer of a newborn from a critical care neonatal unit to a hospital where immediate heart surgery may be performed.](#)

1902.[37](#) SUBCONTRACTOR

Third party, not directly employed by the NET broker, who will provide services identified in the NET contract. This does not include third parties who provide support or incidental services to the NET broker.

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1902.38 URGENT SERVICES

With respect to non-emergency transportation services, an urgent service consists of transportation to a covered medically necessary, provider directed service which is scheduled on behalf of the recipient with less than 48 hours notice. If the recipient is unable to wait up to four hours for the completion of the transport, the situation should no longer be considered urgent and should be treated as an emergency. (See also Scheduled Emergency.)

1902.39 VOLUNTEER

A volunteer is someone who offers their services for the benefit of the community and without monetary reward.

1902.40 WHEELCHAIR LIFTS AND TIE DOWNS

Wheelchair lifts are mechanical devices that raise a person seated in a wheelchair, or a person who cannot traverse steps, from ground level to a vehicle's floor level. Tie downs lock a wheelchair in place so it does not move during transit.

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1903 POLICY

The [DHCFP](#) and its contractors assures the availability of medically necessary emergency and non-emergency transportation services for eligible Title XIX Medicaid and Title XXI (SCHIP/[Nevada Check Up](#)) program recipients. These transportation services are provided to and from DHCFP [Fee-for-Service \(FFS\)](#) medical providers and [Managed Care Organization \(MCO\)](#) network and non-network providers pursuant to 42 CFR Part 431, § Part 438, and the respective State of Nevada Title XIX and Title XXI State Plans.

1903.1 EMERGENCY MEDICAL TRANSPORTATION

Emergency medical transportation does not require prior authorization. Claims must be submitted to the [DHCFP FFS Fiscal Agent](#) or the recipient's Medicaid [MCO](#), if applicable, for processing. According to the Centers for Medicare and Medicaid Services (CMS), emergency response to "911" calls normally result in a Basic Life Support (BLS) or Advanced Life Support Level 1 (ALS-1) service level. Note that emergency medical transportation providers who submit claims coded as Advanced Life Support Level 2 (ALS-2) must present supporting documentation to verify that the transport included the type of care described in the ALS-2 definition in [Section 1902.5](#).

1903.1A COVERAGE AND LIMITATIONS, EMERGENCY MEDICAL TRANSPORTATION

1. Emergency transportation is provided for eligible recipients, whether FFS or [MCO](#).
2. The DHCFP has contracts with [MCOs](#) [that](#) are contractually obligated to cover emergency medical transportation services for their enrollees by applying the prudent layperson standard. For [MCO](#) enrolled recipients, claims for emergency transportation are to be submitted to the [MCO](#) in which the recipient is enrolled.
3. Providers are to submit claims for reimbursement of emergency medical transportation to the [Fiscal Agent](#) for all [FFS](#) recipients. Neither the DHCFP nor its contractors will reimburse the following individual services in connection with emergency medical transportation:
  - a. Response with "Non-transport";
  - b. Routine or special supplies, including oxygen, defibrillation, IV's, intubation, ECG monitoring, extra attendant, or air transport excise taxes;
  - c. Ambulance charges for waiting time, stairs, plane loading;
  - d. Deadheading (an empty trip to or from a destination); or Transportation of deceased persons.

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#### 1903.1B AUTHORIZATION PROCESS

No prior or post authorization is required for emergency medical transportation that originates with a “911” call. Other transportation treated as an emergency does not require prior or post authorization if the recipient is enrolled in FFS Medicaid, but prior or post authorization may be required if the recipient is enrolled in a contracted Medicaid or Nevada Check Up MCO. Providers must submit claims for service to the DHCFP’s Fiscal Agent using the appropriate nationally devised billing codes for all FFS recipients or to the responsible contracted MCO for managed care enrollees.

#### 1903.1C SPECIALTY CARE TRANSPORT

Specialty Care Transport (SCT) is considered an emergency service and does not require prior authorization when the recipient is covered under Medicaid. If the recipient is a member of a Medicaid or Nevada Check Up MCO, prior authorization may be required. The transportation provider must contact the MCO for direction before providing the service.

Provider and recipient responsibilities in situations involving SCT are the same as for emergency medical transportation and are referenced in Sections 1903.1E and 1903.1F.

#### 1903.1D SCHEDULED EMERGENCIES

A scheduled emergency, as defined in this chapter, may be arranged by a hospital, physician or an emergency transportation provider or it may be scheduled by the DHCFP’s Non-Emergency Transportation (NET) broker.

In determining whether scheduled emergency transportation should be the responsibility of the DHCFP’s NET broker, distance or cost will not be the deciding factor. In-transit care needs and time-critical factors will take precedence. The following guidelines provide general direction.

1. When the recipient’s care needs during transit exceed the capabilities of a non-emergency transportation provider, scheduled emergencies will be treated as emergencies. Examples include:
  - a. Transportation of a critically ill recipient to a location where an organ transplant will occur;
  - b. Hospital-to-hospital transfer of a seriously injured or ill recipient when medically necessary tests or treatment are not available at the dispatching hospital and the recipient’s care needs during transit exceed the scope of service of an Emergency Medical Technician-Basic (EMT-Basic); and

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- c. Facility-to-facility transfer of a seriously mentally ill adult or severely emotionally disturbed child who appropriate health care personnel deem is an imminent danger to self or others and who requires significant chemical or physical restraints and/or the attendance of security personnel during transit.

Scheduled emergency transportation provided under the above circumstances does not require prior authorization when the recipient is covered under [FFS](#) Medicaid. However, if the recipient is a member of a Medicaid [or Nevada Check Up MCO](#), prior authorization may be required. The provider responsible for arranging the transportation must contact the [MCO](#) for direction before providing the service.

Sections 1903.1E and 1903.1F set forth provider and recipient responsibilities when scheduled emergency transportation is treated as an emergency.

2. When the recipient's care needs during transit are within the scope of services provided by the [DHCFP's](#) NET broker, the NET broker will make every effort to fulfill the transportation request within the [required](#) timeframe. Prior authorization by the NET broker will be required. Should circumstances prevent the NET broker from fulfilling the [request](#), the service will be treated as an emergency.

Examples of scheduled emergencies that, time permitting, may be handled by the NET broker include:

- a. Transportation of a medically stable recipient to a location where an organ transplant will occur;
- b. Hospital-to-hospital transfer of a medically stable recipient; and
- c. Hospital to mental health facility transfer of a seriously mentally ill adult, [an individual with dementia](#), or a severely emotionally disturbed child who is not a danger to self or others but whom, during transit, may need minimal chemical or physical restraints that are within the scope of service of an [Emergency Medical Technician-Basic](#) (EMT-Basic). [This is in accordance with NRS 433.](#)

Provider and recipient responsibilities when scheduled emergency transportation is handled by the [DHCFP's](#) NET broker are found in Sections 1903.2B and 1903.2C, and the authorization process is described in Section 1903.2D.

3. Due to the nature of some scheduled emergencies (e.g., time-critical air transportation to another city for organ transplant), it is occasionally necessary for a recipient, or an individual on behalf of a recipient, to pay for transportation costs from [personal](#) funds. When this occurs, [a reimbursement request may be submitted to](#) the [DHCFP](#). The person who submits the request must provide a letter that explains why expenses were handled in this manner. Documentation that the transportation was medically necessary (e.g., a hospital admitting form) and original receipts for out-of-pocket costs must be attached.

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Reimbursable expenses include ground and/or air transportation, lodging and meals for the recipient and [one attendant](#), if necessary.

Reimbursement for lodging, meals and mileage, if applicable, may not exceed the amounts set forth in the most current edition of the Nevada State Administrative Manual.

#### 1903.1E PROVIDER RESPONSIBILITY

The transportation provider is [solely](#) responsible for verifying program eligibility [and enrollment](#) for each recipient. Whenever possible, this should be done prior to rendering emergency transportation services. Information concerning eligibility and enrollment verification is located in Section 103.5, Chapter 100, of the Nevada Medicaid Services Manual.

The provider must ensure the confidentiality of recipient medical records and other information, such as the health, social, domestic and financial circumstances learned or obtained in providing services to recipients.

The provider shall not release information related to a recipient without first obtaining the written consent of the recipient or the recipient's [legally](#) authorized representative, except as required by law. Providers meeting the definition of a "covered entity" as defined in the HIPAA Privacy Regulations (45 CFR 160) must comply with the applicable Privacy Regulations contained in 45 CFR 160 and 164 for recipient health information.

The [DHCFP](#) expects that providers will be in compliance with all laws with regard to the reporting requirements related to suspected abuse, neglect, or exploitation, as applicable.

#### 1903.1.F RECIPIENT RESPONSIBILITY

The recipient or [legally](#) authorized representative shall:

1. Provide the emergency transportation provider with a valid Medicaid/[Nevada Check Up](#) Identification card at the time the service is rendered, if possible, or in a timely manner thereafter.
2. Provide the emergency transportation provider with accurate and current medical information, including diagnosis, attending physician, medication regime, etc., at the time of service, if possible;
3. Notify the emergency transportation provider of all third party insurance information, including the name of other third party insurance, such as Medicare, Champus, Workman's Compensation, or any changes in insurance coverage at the time of service, if possible, or in a timely manner thereafter;

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4. Not refuse service of a provider based solely or partly on the provider's race, creed, religion, sex, marital status, color, age, disability, and/or national origin.

#### 1903.2 NON-EMERGENCY TRANSPORTATION (NET) SERVICES

The DHCFP has contracted with a [Non-Emergency Transportation \(NET\)](#) broker to provide [transportation to](#) medically necessary covered services statewide [24 hours a day, seven \(7\) days per week, including weekends and holidays](#). This broker is also designated as a Prepaid Ambulatory Health Plan (PAHP) pursuant to 42 CFR Part 438.

All NET services require prior authorization by DHCFP's NET broker with the exception of NET services provided by [Indian Health Services \(IHS\)](#) clinics. The NET broker is required to authorize the least expensive alternative conveyance available consistent with the recipient's medical condition and needs. Examples of NET services may include the following:

Charter air flight;  
Commercial air;  
Rotary wing;  
Fixed wing;  
Ground ambulance;  
Bus, local city;  
Bus, out of town;  
Paratransit – Public;  
Paratransit – Private;  
Private vehicle; and  
Taxi

[NET never originates from a "911" call. Non-emergency transportation seldom requires the recipient's care needs during transit to exceed the scope of service of an Emergency Medical Technician-Basic \(EMT-Basic\).](#)

#### 1903.2A COVERAGE AND LIMITATIONS

1. Non-emergency transportation for eligible program recipients to and from DHCFP medical providers of covered medically necessary services is provided under the following terms:
  - a. The recipient is unable to provide his/her own transportation;
  - b. The least expensive form of transportation is utilized in accordance with the recipient's medical condition and needs;
  - c. The destination utilizes the nearest appropriate Medicaid health care provider or medical facility;
  - d. Prior authorization has been obtained from the contracted NET broker.

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2. Eligibility:

All Title XXI Nevada Check Up recipients are eligible for NET services in order to access medically necessary covered services.

Title XIX recipients who are Medicaid eligible solely for the purpose of payment of Medicare premiums, co-insurance, deductibles, or co-pays i.e., Qualified Medicare Beneficiaries (QMBs), Specified Low Income Medicare Beneficiaries (SLMBs) and Qualified Individuals (QI-1s) are not eligible for NET services. Other Title XIX recipients are eligible for NET services in order to access medically necessary covered services.

Medicaid and Nevada Check Up recipients are eligible for non-emergency transportation services only from the date of determination forward. No payment will be made for non-emergency transportation provided while a recipient's Medicaid application was pending.

3. Examples of circumstances for which non-emergency transportation will be provided to eligible recipients include:

- a. A ventilator dependent nursing facility resident who requires kidney dialysis several times per week or a nursing facility resident who has a scheduled, medically necessary appointment outside of the facility;
- b. A transplant candidate to be evaluated for services not available in Nevada;
- c. A recipient who is being admitted to an out-of-state nursing facility;
- d. The transport of a hospital inpatient for admission or return to a nursing facility or for admission to a higher level of care;
- e. The transport from an acute general hospital to an acute psychiatric hospital;
- f. The return transport from the emergency room to a nursing facility; or
- g. Transportation to/from a routine Medicaid-reimbursable medical or dental appointment.

Each of these examples assume that the level of care required during transit does not exceed the scope of services of an EMT-Basic and that required timeframes allow the NET broker to make appropriate arrangements.

3. The NET broker must allow one escort, who must be at least 18 years of age (or any age if the escort is the parent of a minor child) to accompany a recipient or group of recipients when escort services are determined medically necessary or for those recipients who are minor children or adjudicated incompetent. The NET broker may not charge for transport of an escort when the services of the escort are required for a minor child or when the services of the escort are determined to be medically necessary. NET

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services may not be authorized for minor children unless a parent (regardless of the parent's age) or legally responsible adult or other willing adult caregiver, with parental consent, accompanies the child. Exceptions include but are not limited to:

- a. A minor child transported for the purpose of obtaining family planning services.
- b. A minor child transported from one facility to another for treatment and the parent or legally responsible adult is not available. A Consent and Release of Liability form must be signed by the parent or legally responsible adult prior to the transport.
- c. A minor child with a mental disability receiving non-emergency transportation to a facility by ambulance where a paramedic or EMT is present and, per the judgment of appropriate medical personnel, it would be detrimental to the child if the parent or legally responsible adult is present in the vehicle. A Consent and Release of Liability form must be signed by the parent or legally responsible adult prior to the transport.

In addition and pursuant to Nevada Medicaid Services Manual Chapter 3500, escort services are available to recipients who require approved Personal Care Aid (PCA) services en route to, or at, a destination to obtain Nevada Medicaid or Nevada Check Up covered, medically necessary services when a legally responsible adult or other willing and capable caregiver is unable to accompany them. An escort may be a parent or legal guardian, caretaker, relative, friend or PCA who accompanies the recipient.

If the escort is not at the same location as the recipient, the NET broker must provide round-trip transportation for the escort to and from their given location up to 25 miles one way.

5. Pursuant to federal regulations, eligible FFS program recipients may obtain covered medically necessary services, with limitations, from any facility, pharmacy, physician, therapist, agency or provider participating under a signed agreement with Nevada Medicaid. Eligible MCO enrollees may obtain covered medically necessary services from a provider who is a member of a contracted MCO's network of providers or from a provider who has an agreement with a contracted MCO to provide services to a recipient as an out-of-network provider.

In those situations in which a recipient has requested out-of-town or out-of-state covered medical services which are determined to be available in the recipient's community, a referral and justification by the local primary care provider is first required. This referral must then be authorized by the DHCFP's QIO-like vendor or contracted MCO before the NET broker will authorize services. NET services will not be authorized in those instances in which a recipient has requested out-of-town and/or out-of-state medical services until such time as the NET broker can confirm that authorization for such services has been obtained.

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The same provision applies to FFS recipients who wish to utilize a health care provider or medical facility that is located within the boundaries of his/her city but is not the nearest appropriate health care resource.

6. Transportation services are covered for new parent(s) to care for a newborn up to 3 months of age who is receiving treatment on an inpatient basis in a facility. This transportation may be authorized when needed to encourage bonding between parent and child, and to promote confidence in the ability to care for the newborn.
7. NET services may be authorized for a recipient who is residing in an inpatient treatment facility in order to allow the resident to attend a therapeutic home visit, in-state or out-of-state, when such visits are part of the resident's treatment plan. It is the responsibility of the inpatient treatment facility to obtain transportation for eligible recipients for all therapeutic home visits by calling the NET broker. The NET broker may authorize NET services for these therapeutic home visits within the following criteria:
  - a. Acute care:  
  
The QIO-like vendor must prior authorize absences beyond eight (8) hours. No prior authorization is required for absences of less than eight (8) hours in duration;
  - b. Acute rehabilitation:  
  
The QIO-like vendor must authorize all absences;
  - c. Nursing Facility:  
  
At the facility's request, a maximum of 24 days per calendar year is allowed for therapeutic leaves of absence.
  - d. Intermediate Care Facility for the Mentally Retarded:  
  
At the facility's request, a maximum 24 days per calendar year is allowed for therapeutic leaves of absence;
  - e. Residential Treatment Center:  
  
At the facility's request and as ordered by the attending physician, a maximum of 20 days per calendar year is allowed.

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f. Residential Group Care:

A maximum of 20 days per calendar year is allowed for therapeutic home passes. Duration of each pass may be no more than 72 hours.

8. Adoptive and foster parents of a program eligible child are reimbursed pursuant to the NET broker's guidelines for the costs of transporting children in out-of-home placement to medically necessary covered services. Foster and adoptive parents are not required to demonstrate a need for public assistance with transportation. The NET broker reimburses the costs, with limitations, of both parents when accompanying the eligible child. The agency holding custody must coordinate the transportation services through the NET broker.
9. The costs of meals and lodging for the eligible recipient may be covered not to exceed a per diem rate set forth in the most current edition of the State Administrative Manual when traveling to and from medical services or while receiving medical care when such travel requires the recipient to be away from their legal or primary residence over-night.
10. Per 42 CFR 440.170, the costs of meals and lodging may also be covered for one attendant, if an attendant is required to ensure that the recipient receives required medical services. As noted in Section 1903.2A (8) above, the cost of meals and lodging may be covered for two attendants when those attendants are the adoptive or foster parents of the recipient. Costs will not exceed a per diem rate set forth in the most current edition of the State Administrative Manual.
11. Nursing facilities are responsible for ensuring that all eligible recipients receive appropriate medical care and related services. NET services are available for eligible recipients residing in nursing facilities for the purpose of accessing medically necessary treatment and services and for the purpose of a properly authorized leave of absence. It is the responsibility of the nursing facility to obtain transportation for eligible recipients to all off-site covered medical and dental appointments and other covered medically necessary services, including a properly authorized leave of absence, by calling the NET broker and providing the necessary information/documentation to the broker for the purpose of authorizing the transportation request.
12. Eligible program recipients who live out-of-state may obtain NET services similarly to those eligible recipients who reside within the State of Nevada. Such out-of-state recipients may include foster children, children placed in an adoptive home under the auspices of an Adoption Assistance Program (AAP) agreement, nursing facility residents, or children in Residential Treatment Centers (RTCs). Authorization of NET services for eligible recipients residing out-of-state is the same as for those eligible recipients who reside within Nevada.

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13. Nevada residents living near the state line or border may be geographically closer to out-of-state providers than to in-state providers for both primary and specialty care. In such cases, covered medically necessary services may be routinely provided by out-of-state providers in what the DHCFP refers to as the “primary catchment areas.” Such services are treated the same as those provided within the state borders for purposes of authorization and transportation.

The primary catchment areas are:

- a. Arizona: Bullhead City, Kingman
- b. California: Bishop, Needles, South Lake Tahoe, Susanville, Truckee, Bridgeport, Loyalton, and Markleeville.
- c. Idaho: Boise, Mountain Home, Twin Falls
- d. Utah: Cedar City, Orem, Provo, Salt Lake City, St. George, Wendover.

(NOTE: That portion of Wendover that lies inside the Nevada border is officially called West Wendover, Nevada 89883).

14. Several tribes and/or Indian Health Service (IHS) clinics offer ambulance and/or van services for both emergency and non-emergency transportation. Community Health Representatives (CHRs) may provide NET services to recipients who are eligible for NET services in private vehicles to medically necessary covered services and are reimbursed based on federal mileage rates in accordance with Federal Regulations. All such transportation services qualify for 100% Federal Financial Participation (FFP). The IHS NET services are not provided under the management of the NET broker nor do they require prior authorization. All IHS claims for reimbursement of transportation services, whether emergency or NET, are submitted to the NET broker for adjudication and payment. The NET broker subsequently obtains reimbursement, outside of the capitation payment already made, from the DHCFP’s Fiscal Agent.
15. Medically necessary NET services to and/or from a contracted out-of-state nursing facility or a contracted out-of-state ICF/MR facility is a covered benefit. The transportation must be prior authorized and arranged by the NET broker.
16. Medicaid and Nevada Check Up funds may not be used to pay for transportation services that are otherwise available without charge to both Medicaid and non-Medicaid recipients. In addition, Medicaid is generally the payor of last resort except for certain Federal programs such as Title V Maternal and Child Health Block Grant funded services or special education related health services funded under the Individuals with Disabilities Education Act (IDEA).

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17. The following are non-covered NET services:

- a. Per Diem and lodging costs for more than one escort or attendant, except in the case of adoptive and foster parents [see 1903.2A(a)];
- b. When one or more eligible recipients make the same trip in a private vehicle or van, reimbursement is made for only one recipient;
- c. Transportation to or from any non-covered service, except for exclusion due to Third Party Liability (TPL) coverage under the Medicaid program;
- d. Travel to visit a recipient in an inpatient treatment facility, except in the case of a parent or parents visiting a newborn that is in a facility [see 1903.2A (6)];
- e. Transportation between hospitals for outpatient or inpatient care or services (e.g., MRI, CAT scan, etc.); exceptions may be granted when services to treat the recipient's condition are not available at the originating hospital and/or are not part of the all-inclusive prospective rate, or if the recipient is transferring to a hospital closer to home following an out-of-area hospital stay;
- f. "Deadheading," this refers to a provider's return trip when the eligible recipient travels only one way of a two-way trip;
- g. The cost of renting an automobile for private vehicle transport;
- h. A response with non-transport;
- i. Wages or salary for attendants;
- j. Charges for waiting time, stairs, plane loading; and/or,
- k. Routine or special supplies including: oxygen; special services such as: defibrillation; IVs; intubation, ECG monitoring; or extra attendant; or, air transport excise tax.

1903.2B NET BROKER RESPONSIBILITY

1. Using monthly enrollment downloads from the DHCFP or systems maintained by the DHCFP's QIO-like vendor, the NET broker is solely responsible for verifying program eligibility for each recipient prior to authorizing and scheduling the NET service. The NET broker must also verify the medical necessity of the requested transportation service, which may require contacting the health care provider, the DHCFP's QIO-like vendor, or the contracted MCO.
2. Neither the NET broker nor its providers shall release information related to a recipient without the written consent of the recipient or the recipient's legal or authorized representative, except as required by law or except to verify medical appointments in accordance with policy. The NET broker and any of its providers meeting the definition of a "covered entity" as defined in the HIPAA Privacy Regulations (45 CFR 160) must comply with the applicable Privacy Regulations contained in 45 CFR 160 and 164 for recipient health information.

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3. The [DHCFP](#) expects that the NET broker and its provider network will be in compliance with all laws with regard to the reporting requirements related to suspected abuse, neglect, or exploitation, as applicable, [in accordance with NRS 200.508 and 200.509.1.](#)
4. [Pursuant to 42 CFR 438.100\(c\), the NET broker shall ensure that each recipient is free to exercise his or her rights and that by the exercise of those rights, no adverse affect will result in the way the NET broker treats the recipient.](#)
5. [A transportation provider must wait at least ten \(10\) minutes after the scheduled pick-up time before “no-showing” the recipient at the pick-up location. The NET broker or contracted transportation providers shall not charge recipients for transportation services or for no shows.](#)
6. [Access to transportation services shall be at least comparable to transportation resources available to the general public. Capacity shall include private vehicles, non-emergency ambulance and air, wheelchair vans, public transportation including bus services, and taxicabs.](#)
7. [The NET broker shall ensure that all drivers of vehicles transporting Medicaid and the Nevada Check Up program recipients meet the following requirements:](#)
  - a. [All drivers, at all times during their employment, shall be at least 21 years of age and have a current valid driver’s license from the State of Nevada to operate the transportation vehicle to which they are assigned and shall be competent in their driver habits.](#)
  - b. [Drivers shall have no more than one chargeable accident and/or two moving violations in the last three years. Drivers shall not have had their driver’s license, commercial or other, suspended or revoked in the previous five years. Drivers shall not have any prior convictions for substance abuse, sexual abuse or crime of violence. Approval of any such driver who has been convicted of a felony shall be obtained from the DHCFP before employment by the vendor.](#)
  - c. [All drivers shall be courteous, patient and helpful to all passengers and be neat and clean in appearance.](#)
  - d. [No driver or attendant shall use alcohol, narcotics, illegal drugs or drugs that impair ability to perform while on duty and no driver shall abuse alcohol or drugs at any time. The transportation provider shall not use drivers who are known abusers of alcohol or known consumers of narcotics or drugs/medications that would endanger the safety of recipients.](#)
  - e. [All drivers and attendants shall wear or have visible, easily readable proper organization identification.](#)
  - f. [At no time shall drivers or attendants smoke while in the vehicle, while involved in recipient assistance, or in the presence of any recipient.](#)

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- g. Drivers shall not wear any type of headphones or use cell phones, except for dispatch purposes, at any time while on duty.
- h. Drivers shall assist passengers in the process of being seated and confirm that all seat belts are fastened properly and wheelchairs and wheelchair passengers are properly secured.
- i. Drivers shall provide necessary assistance, support, and oral directions to passengers. Such assistance shall include assistance with recipients of limited mobility, and movement and storage of mobility aids and wheelchairs.
- j. The NET broker shall provide, or ensure that its subcontractors provide, at least 40 hours of classroom and behind-the-wheel training for all drivers within 30 days of beginning service under this agreement. Driver training shall, at a minimum, include defensive driving techniques, wheelchair securement and lift operation, cultural and disability sensitivity training, passenger assistance techniques, first aid, and general customer service.

8. The NET broker shall ensure that all transportation providers maintain all vehicles adequately to meet the requirements of the contract. Vehicles and all components shall comply with or exceed State, Federal, and manufacturer's safety and mechanical operating and maintenance standards for the vehicles. Vehicles shall comply with the Americans with Disabilities Act (ADA) regulations. All vehicles shall meet the following requirements:

- a. The transportation provider shall provide and use a two-way communication system linking all vehicles used in delivering the services under the contract with the transportation provider's major place of business. Pagers are not an acceptable substitute.
- b. All vehicles shall be equipped with adequate heating and air-conditioning.
- c. All vehicles shall have functioning, clean and accessible seat belts for each passenger seat position when required by law. Each vehicle shall utilize child safety seats when transporting children under age five.
- d. All vehicles shall have a functioning speedometer and odometer.
- e. All vehicles shall have two exterior rear view mirrors, one on each side of the vehicle.
- f. All vehicles shall be equipped with an interior mirror for monitoring the passenger compartment.
- g. The interior and exterior of the vehicle shall be clean and the exterior free of broken mirrors or windows, excessive grime, major dents or paint damage that detract from the overall appearance of the vehicles.
- h. The vehicle shall have passenger compartments that are clean, free from torn upholstery or floor or ceiling covering, damaged or broken seats, protruding sharp edges and shall also be free of dirt, oil, grease or litter.

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- i. All vehicles shall have the transportation provider's name, vehicle number, and the NET broker's toll free and local phone number prominently placed within the interior of each vehicle. This information and the complaint procedures shall be available in written form in each vehicle for distribution to recipients on request.
- j. Smoking is prohibited in all vehicles while transporting Medicaid and Nevada Check Up program recipients. All vehicles shall have the following signs posted in all vehicle interiors, easily visible to the passengers:

"NO SMOKING"  
"ALL PASSENGERS MUST USE SEAT BELTS"

- k. All vehicles shall include a vehicle information packet containing vehicle registration, insurance card and accident procedures and forms.
- l. All vehicles shall be provided with a fully equipped first aid kit.
- m. Each vehicle shall contain a current map of the applicable State(s) with sufficient detail to locate recipients and medical providers.
- n. All vehicles shall have a minimum of \$1,500,000 combined single limit insurance coverage for vehicles at all times during the contract period in accordance with State regulations and contract requirements. This is per NAC 706.191.
- o. Any vehicle or driver found out of compliance with the contract requirements, or any State or Federal regulations shall be removed from service immediately until the NET broker verifies correction of deficiencies. Any deficiencies and actions taken shall be documented and become a part of the vehicle's and the driver's permanent records.
- p. The NET broker shall develop and implement an annual inspection process in addition to the applicable State vehicle inspection requirements to verify that vehicles used by transportation subcontracted providers meet the above requirements and that safety and passenger comfort features are in good working order (e.g., brakes, tire, tread, signals, horn, seat belts, air conditioning/heating, etc.).

- 9. The NET broker shall ensure adequate oversight of subcontracted transportation providers and ensure that providers comply with all applicable State and Federal laws, regulations and permit requirements. This duty includes, but is not limited to verification that each provider maintains at all times:
  - a. Insurance which complies with the standards at 49 C.F.R. 387 subpart B, N.A.C. §191(1-3), and which provide for notice of the status of the policy to the Administrator of Nevada Medicaid upon expiration, termination, or at any time requested by the Administrator;

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- b. An alcohol and substance abuse testing program which complies with standards at 49 C.F.R. Part 382;
- c. Criminal background checks conducted periodically that assure criteria at Medicaid Services Manual § 103.12A are met;
- d. Signage on each vehicles identifying those operating under any exemption from TSA regulation;
- e. Documentation in each vehicle of any exemption from TSA regulation;
- f. Current provider agreements with Nevada Medicaid.

As a contracted agent of the Director of the Department of Health and Human Services, subject to the requirements of Senate Bill 401 of 2005 (Act of June 1, 2005, ch. 222, §§ 1-5, 2005 Nev. Stat. [REDACTED]), the NET broker may utilize the services of motor carriers that are exempt from certain certification requirements of the Transportation Services Authority (TSA) of the Department of Business and Industry. Prior to exercising this option, the NET broker shall, with the assistance of the TSA, establish and utilize an inspection program designed to ensure that vehicles used by these motor carriers, and their operations, are safe. The NET broker shall also require these same motor carriers to submit proof of a liability insurance policy, certificate of insurance or surety which is substantially equivalent in form and is in the same amount or in a greater amount than the policy, certificate or surety required by the Department of Motor Vehicles pursuant to NRS 706.291 for a similar situated motor carrier.

10. The NET broker is encouraged and expected to use recipient vouchers and/or volunteer programs to provide the most cost efficient transportation service to the recipient if such transportation is appropriate to meet the needs of the recipient. The broker shall verify and document vehicles and drivers used in reimbursement and volunteer programs that comply with appropriate State operating requirements, driver's licensure, vehicle registration and insurance coverage.
11. The NET broker will be available as a resource to the DHCFP's QIO-like vendor or contracted MCO when medically necessary covered services must be provided outside a recipient's community. The NET broker will advise the QIO-like vendor or contracted MCO regarding such factors as distance and transportation availability.

#### 1903.2C. RECIPIENT RESPONSIBILITY

The recipient or legally authorized representative shall:

1. Explore alternative resources first, and when such a resource exists at no cost to the recipient, use the alternative transportation resource;
2. Make and keep all appointments and travel schedules, and telephone to cancel when an unforeseen event makes it impossible to keep an appointment;

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3. Make every effort to submit a request for NET services no more than two weeks and no less than 48 hours before the service is needed;
4. Notify the NET broker immediately when an urgent service need for NET transportation is discovered;
5. Notify the NET broker of all third party insurance information, including the name of other third party insurance, or any changes in insurance coverage at the time of service, if possible, or in a timely manner thereafter;
6. Not refuse service of a provider based solely or partly on the provider's race, color, national origin, sex, religion, disability or age;
7. If eligible for ADA Paratransit, make every effort to access available paratransit programs; and
8. Provide car seats, wheelchairs, other devices or equipment, and any extra physical assistance, not required of providers, necessary to make the trip.

#### 1903.2D AUTHORIZATION PROCESS

1. With the exception of services provided by IHS [see 1903.2A(14)], non-emergency transportation services must be authorized by the NET broker.
2. A medical provider or any other party may request assistance with transportation to a covered medically service on behalf of an eligible recipient in the event the recipient is unable to submit a request to the NET broker for his or her own travel.
3. The NET broker must have in effect mechanisms to ensure consistent application of review criteria for authorization decisions and consult with the requesting provider when appropriate. Any decision to deny a request for NET service or to authorize a service in amount, duration, or scope that is less than requested must be made by a health care professional who has appropriate clinical expertise in treating the recipient's condition or disease.
4. The NET broker must provide standard authorization decisions with reasonable timeliness. If the broker determines, or a provider indicates, the standard service authorization timeframe could seriously jeopardize the recipient's health or ability to attain, maintain, or regain maximum function, the NET broker must make an expedited authorization decision and provide notice as expeditiously as the recipient's health condition requires.

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1903.2E GEOGRAPHIC AREA

The NET broker provides services statewide.

1903.2F SPECIAL REQUIREMENTS FOR SELECTED COVERED NET SERVICES

1. Out-of-Network Providers

The NET broker generally uses transportation providers who have executed a contract to be part of the NET broker's network. However, occasionally it may be necessary for enrolled recipients to obtain NET services from an out-of-network provider (e.g., the recipient needs specialized transportation for which the NET broker has no such specialist in its network), the broker must:

- a. Arrange transportation with out-of-network providers with respect to services and payment;
- b. Offer the opportunity to the out-of-network provider to become part of the network; and,
- c. Negotiate a contract to determine the rate prior to services being rendered.

2. Family Planning Services

Pursuant to policies set forth in Section 603.3, Chapter 600 of the Nevada Medicaid Services Manual, the NET broker will authorize NET services to family planning services for any eligible recipient to any qualified provider.

3. Transplantation of Organs and Tissue, and Related Immunosuppressant Drugs

Transplant services are covered, with limitations, when medically necessary. Coverage limitations for these services are defined in the Title XIX State Plan. When a transplant recipient's care needs during transit are within the scope of the NET broker, transportation should be prior authorized and provided through the NET broker. When the recipient's care needs during transit exceed the capabilities of the NET broker (e.g., Specialty Care Transport is required) and/or the timeframe for transport is less than four hours, transportation may be treated as an emergency. (Refer to Section 1903.1 for guidance regarding Emergency Medical Transportation.)

4. Paratransit Transportation

Paratransit transportation may be provided based on assessed medical need. When Paratransit transportation is indicated, such transportation services shall be "curb to curb" or "door-to-door", whichever service is necessary for the recipient. Paratransit

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providers are responsible for assisting riders into and out of the vehicle, but are not responsible for lifting recipients using a wheelchair or gurney up or down stairs.

#### 1903.2G ENROLLMENT AND DISENROLLMENT REQUIREMENTS AND LIMITATIONS

The eligibility and enrollment functions are the responsibility of DHCFP and the Nevada State Welfare Division (NWSD). The NET broker shall accept each recipient who is enrolled in or assigned to the NET broker by DHCFP and/or its enrollment sections. The first date a Medicaid or Nevada Check Up eligible recipient will be enrolled is not earlier than the applicable date in the NET broker's specified contract.

Pursuant to Nevada's 1915(b) Waiver for NET Services, eligible recipients do not have the option of disenrolling from the NET broker, nor does the NET broker have the option of disenrolling any eligible recipient.

"Pending" Medicaid recipients (those whose applications for assistance have been submitted but not adjudicated) are not eligible for transportation services provided by the NET broker. The NET broker is not financially responsible for any services rendered during a period of retroactive eligibility.

#### 1903.2H INFORMATION REQUIREMENTS

The NET broker must have written information about its services and access to services available upon request to recipients. This written information must also be available in English and Spanish. The NET broker must make free, oral interpretation services available to each recipient, if necessary. This applies to all non-English languages.

The NET broker is required to notify all recipients that oral interpretation is available for any language spoken by the recipient and written information is available in Spanish. The NET broker must notify all recipients of how to access this information.

1. The NET broker's written material must use an easily understood format. The NET broker must also develop appropriate alternative methods for communicating with people with vision or hearing impairments and must accommodate recipients with a physical disability in accordance with the requirements of the Americans with Disabilities Act (ADA). All recipients must be informed that this information is available in alternative formats and how to access those formats.

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## 1904 NET GRIEVANCES, APPEALS AND PROVIDER DISPUTES

### 1904.1 NOTICE OF [DECISION](#)

The NET broker may take action on a [recipient's request for](#) transportation based on Medicaid coverage policy and guidelines as set forth in the [Nevada Medicaid Services Manual](#). The request may be approved, denied, or limited (i.e. denied in part, or reduced) based on [these](#) eligibility and coverage policies. The [broker](#) shall notify each recipient in writing of the reason for any action which is taken to deny or otherwise limit a recipient's request within five (5) business days of such action; such notification is called a Notice of [Decision \(NOD\)](#).

Pursuant to 42 CFR 438.10 (h), the [NOD](#) shall include information regarding the recipient's right to a State Fair Hearing ([see Chapter 3100 of the Nevada Medicaid Services Manual](#)), the method for obtaining a State Fair hearing, and the rules that govern the recipient's right to representation. The [broker](#) must also provide a [NOD](#) to the requesting provider, if applicable.

The [NOD](#) must include the following information:

- a. The action the [broker](#) or its network provider has taken or intends to take;
- b. The reasons for the action;
- c. The [recipient's](#) right to request a State Fair Hearing;
- d. The method of obtaining a State Fair Hearing;
- e. The rules that govern representation at a State Fair Hearing;
- f. The right of the [recipient](#) to request a State Fair Hearing and how to do so;
- g. The right to request to receive benefits while the hearing is pending and how to make this request; and,
- h. That the [recipient](#) may be held liable for the cost of those benefits if the hearing decision upholds the [broker's](#) action.

The NET broker is required to maintain records of all grievances received and [NODs](#) provided, which the State will review as part of the State's contract monitoring and management oversight.

### 1904.2 RECIPIENT GRIEVANCES AND PROVIDER DISPUTES

The NET broker must have a process with which to address recipient grievances and provider disputes. DHCFP will refer all [recipient](#) grievances and provider disputes to the NET broker for resolution. The NET broker must provide information about its recipient grievance process to all providers and subcontractors, at the time they enter into a contract.

The NET broker is required to dispose of each recipient grievance and provide notice as expeditiously as the [recipient's](#) health condition requires or no more than ninety (90) days from the date the grievance is received by the NET broker or a network provider. The NET broker shall attempt to respond verbally to recipient, authorized representative, [DHCFP](#) or provider

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grievances and disputes within 24 hours of receipt of the grievance or dispute. The NET broker shall issue an initial response or acknowledgement to written grievances and disputes in writing within 72 hours.

In addition, the NET broker must:

- a. Provide [recipients](#) any reasonable assistance in completing forms and taking other procedural steps. This includes but is not limited to providing interpreter services and toll-free numbers that have adequate TTY and interpreter capability;
- b. Acknowledge receipt of each recipient grievance;
- c. Ensure that the individuals who make decisions on recipient grievances were not involved in any previous level of review or decision-making; and,
- d. Notify the recipient of the disposition of grievances in written format. The written notice must include the results of the resolution process and the date it was completed.

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1905 REFERENCES AND CROSS REFERENCES

1905.1 APPLICABLE MEDICAID SERVICES MANUAL (MSM) CHAPTERS ARE AS FOLLOWS:

Chapter 100 Eligibility, Coverage and Limitations  
Chapter 200 Hospital Services Program  
Chapter 300 Diagnostic Testing and Radiology Services  
Chapter 400 Mental Health and Alcohol/Substance Abuse Services  
Chapter 500 Nursing Facilities  
Chapter 600 Physicians  
Chapter 800 Laboratory Services  
Chapter 900 Private Duty Nursing  
Chapter 1000 Dental Services  
Chapter 1100 Ocular Program  
Chapter 1200 Prescription Services (RX)  
Chapter 1300 Durable Medical Equipment (DME)  
Chapter 1400 Home Health Agency (HHS) Services  
Chapter 1500 Healthy Kids (EPSDT)  
Chapter 1600 Intermediate Care Facility for the Mentally Retarded (ICF-MR)  
Chapter 1700 Therapy Services  
Chapter 1800 Adult Day Health Care  
Chapter 2100 Home and Community Based Waiver (MR)  
Chapter 2200 Aging Waiver  
Chapter 2300 Physical Disability Waiver  
Chapter 2400 Comprehensive Outpatient Rehabilitation Services ([COR](#))  
Chapter 2700 Waiver for the Elderly in Adult Residential Care  
Chapter 2800 School Based Child Health Services  
Chapter 2900 (**Reserved**)  
Chapter 3100 Fair Hearing Process  
Chapter 3200 Hospice Services  
Chapter 3300 Surveillance and Utilization Review Section (SURS)  
Chapter 3400 (**Reserved**)  
Chapter 3500 Personal Care Aide Program (PCA)  
Chapter 3600 Managed Care Organization (MCO)  
Chapter 3700 Nevada Check Up (Children's Health Insurance Program)

1905.2 NON-EMERGENCY TRANSPORTATION BROKER

The DHCFP's contracted NET broker is:

LogistiCare  
3291 N. Buffalo Drive Suite 7  
Las Vegas, NV 89129

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MEDICAID SERVICES MANUAL	Subject: REFERENCES AND CROSS REFERENCES

Reservations: 888-737-0833  
Where's My Ride: 888-737-0829  
Facility Assistance: 888-737-0830  
[www.logisticare.com](http://www.logisticare.com)

### 1905.3 CONTRACTED QIO-LIKE VENDOR AND FISCAL AGENT

The DHCFP's contracted QIO-like Vendor and fiscal agent is:

First Health Services Corporation  
P.O. Box 30026  
Reno, NV 89520-3026  
Toll Free within Nevada (877) NEV-FHSC (638-3472)  
Email: [nevadamedicaid@fhsc.com](mailto:nevadamedicaid@fhsc.com)

### 1905.4 CONTRACTED ACTUARIAL SERVICES FIRM

The DHCFP's contracted actuary is:

Milliman USA  
1301 Fifth Avenue, Suite 3800  
Seattle, WA 89101-2605  
Telephone Number: (206) 504-5618

### 1905.5 MANAGED CARE CONTRACT

Copies of the DHCFP Managed Care Contract [and contact information for the currently contracted Medicaid and Nevada Check Up MCOs](#) are available upon request by contacting the DHCFP Contract Specialist or the DHCFP Business Lines Unit [at \(775\) 684-3676](tel:7756843676).

### 1905.6 NET BROKER CONTRACT

Copies of the DHCFP Vendor Contract are available upon request by contacting the DHCFP Contract Specialist or the DHCFP Business Lines Unit.

### 1905.7 SECTION 1915(b) WAIVER for NON-EMERGENCY TRANSPORTATION SERVICES

Copies of the State of Nevada 1915 (b) Waiver for Non-Emergency Transportation Services are available upon request by contacting the DHCFP Business Lines Unit.